2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 08:00 AN Secretary of State

			_	C	Lagratar	or of Cto
DOCUMENT # P9900006978 1. Entity Name STORY INVESTMENTS, INC.				٥	ecretai	ry of Sta
Principal Place of Business	Mailing Address		=			
	940 NW 51 PLACE #6					
	FORT LAUDERDALE, FL 3330	9				
						1806) (61)80) IK (80)
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1	•	•	02112008	No Chg-P	CR2E034 (11	1/05)
DO NOT WRITE I	N THIS SPA	CE	4. FEI Numbe	,	T	Applied For
			65-0890		ļ	Not Applicable
	,		5 Certificate of	of Status Desired		5 Additional
		· · · · · ·	U. Commodic C	7 818183 2031108	Fee R	equired
6. Name and Address of Current Regi	stered Agent	· ·	•		1	
STORY, MARK *			DO	NOT W	DITE	
940 NW 51 PLACE #6 .			ЪО	IAOI AA	KIIE	
FORT LAUDERDALE, FL 33309			IN T	HIS SP	ACE	
•					· . • –	
8. The above named entity submits this statement for the	purpose of changing its register	ed office or registe	ered agent, or both	n, in the State of Flo	rida. I am familia	with, and accept
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and titl	a decolorate di OTE Decolor	od Annas amags sa can us	ad upon to entation?	_ .	DATE	
Signature, typed or printed name or registered agent and tall	e ir applicable (NOTE negistere	ed Agent signature require	o when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		5.00 May Be ded to Fees			
10. OFFICERS AND DIRE	ECTORS					
TITLE PD						
NAME STORY, MARK				F ₁₀ > 1		
STREET ADDRESS 940 NW 51 PLACE #6						
CITY-ST-ZIP FORT LAUDERDALE, FL 33309		4 .				
TITLE NAME		i				
STREET ADDRESS						
CITY-ST-ZIP		į.		ก็อื่ออื่อ	829338	
IITLE		1		02/26/08-	80037-008	150.00
NAME						
STREET ADDRESS			DO	NOT W	RITE	
City-St-ZiP		4.				
TITLE			IN 7	THIS SF	ACE	
NAME						
STREET ADDRESS CITY-ST-ZIP		i .			•	
	 	1				
TITLE NAME					•	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Mark A. Story 2/13/08 904-776-755